

EXHIBIT 1

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY RE

YES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, D. CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (PD 31).

EREG PROPERTY, ADDITIONAL STOLEN PROPERTY TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		Crime	Pct	OCCB No	Complaint No	Date of This Report	PAGE	OF	PAGE
		HOMICIDE	43		2412	02-16-01			
Date of Orig Report	Date Assigned	Case No	Unit Reporting			Follow-Up No			
02-12-01	02-12-01	624	BRONX HOMICIDE TASK FORCE						
Complainant's Name - Last, First, M I						Victim's Name - If Different			
PSNY FOR ALBERT ACOSTA									
Last Name, First, M I						Address, Include City, State, Zip		Apt. No	
Home Telephone						Business Telephone		Position / Relationship	
Sex						Race		Date of Birth	
Age									
Total No of Perpetrators						Wanted		Arrested	
Weapon						Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)			
Used						Possessed			
Wanted						Arrested		Last Name, First, M I	
Address, Include City, State, Zip						Apt. No		Res. Pct	
Sex						Race		Date of Birth	
Age						Height		Weight	
Eye Color						Hair Color		Hair Length	
Facial Hair						NYSID No			
Eyeglasses						Sunglasses		Clothing Description	
Nickname, First Name, Alias						Scars, Marks, M.O., Etc		(Continue in "Details")	
Wanted						Arrested		Last Name, First, M I	
Address, Include City, State, Zip						Apt. No		Res. Pct	
Sex						Race		Date of Birth	
Age						Height		Weight	
Eye Color						Hair Color		Hair Length	
Facial Hair						NYSID No			
Eyeglasses						Sunglasses		Clothing Description	
Nickname, First Name, Alias						Scars, Marks, M.O., Etc		(Continue in "Details")	
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."									
Comp. Interviewed		In Person		By Phone		Date		Time	
Results: Same as Comp Report - Different (Explain in Details)									
Witness Interviewed		In Person		By Phone		Date		Time	
Results: Same as Comp Report - Different (Explain in Details)									
Canvass Conducted		If Yes - Make Entry in Body Re Time, Date, Names, Addresses, Results		Crime Scene Visited		If Yes - Make Entry in Details Re Time, Date, Evidence Obtained			
Complainant Viewed Photos		Results		Crime Scene Photos		By (Enter Results in Details)			
Witness Viewed Photos		Results		Crime Scene Photos		By (Enter Results in Details)			
Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)			
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:									
C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted									
DETAILS:									
INVESTIGATION: HOMICIDE									
SUBJECT: INTERVIEW OF DAVID BREWER									
PARKCHESTER SECURITY OFFICER									
1. On 02/16/01, the undersigned was present at the Parkchester Security Office located at 62 Metropolitan Oval, RollCall Office and did interview DAVID BREWER he relates the following in sum and substance:									
2. He resides at 1536 Lewland Avenue, telephone 718-931-9389. He has worked for Parkchester as a Security Guard since 1991 and has SPO status. He has worked all tours. but has worked days for the last 3 to 4 years. He did work on Monday February 12. He usually worked with Officer Acosta and was originally scheduled to on Monday. This was changed because Manganiello had a verbal dispute with a teneant and his post had to be changed no one talked about everyone knew about it. He went to have breakfast with Acosta at about 815Am. They brought breakfast and went to the roof of 1522 Unionport Road to eat said breakfast. Then a job came over for a dispute at 1700 Metropolitan. It was a dispute with a knife. in Apt #5E. The call was assigned to Manganiello but he had to have back-up to respond so it was assigned to Acosta to back him up. So Officer Acosta went to walk over to the location it was a bit of a walk. I also tried to respond to the location with Acosta and was told not to respond Not sure if it was dispatch or the sergeant. I don't recall hearing any disposition to the job. Next thing I remember is hearing a job of a mandown I respond to 1700 Metropolitan and I find it, Albert. They Albert and Anthony ususally don't work together. He also states that he heard that a tenant in apt. #7B heard an argument between (2) people in the hallway prior to the shooting. He was told this thru another party.									
3. The undersigned did attempt to respond to Apt.#7B. bad apartmnet number.									
4. Case Status Active.									
CASE		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW					
ACTIVE									
REPORTING OFFICER:		RANK		SIGNATURE		NAME PRINTED		TAX REG NO	
DET						L. PALACIOS		875722	
REVIEWING / CLOSING		CASE		ENTER DESIGNATION		SIGNATURE		ICD's INITIALS	

Trial Exhibit No.: 36

ID Evid

EXHIBIT 2

REPORT: CRIME CLASSIFICATION, CHARGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (1) TO REPORT THE PRECEDING.

COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY

COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY

COMPLAINT - FOLLOW UP										PAGE	OF	PAGE
INFORMATIONAL PD 313-081A (Rev. 4-89)-31		Crime Homicide #02/01		Pct 043	OCCB No 2412		Complaint No. 2412		Date of This Report 02/12/01		14	
Date Assigned 02/12/01		Case No. 024		Unit Reporting 43 D.S.		Follow-Up No.				PERP 1		
Complainant's Name - Last, First, M.I. P.S.N.Y. For Albert Acosta						Victim's Name - If Different						PERP 2
Last Name, First, M.I.						Address, Include City, State, Zip						15
Home Telephone		Business Telephone		Position / Relationship		Sex		Race		Date of Birth	Age	PERP 1
Total No. of Perpetrators		Wanted		Arrested		Weapon		Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)				PERP 2
Wanted		Arrested		Last Name, First, M.I.		Address, Include City, State, Zip		Apt. No.		Res. Pct.		16
Sex		Race		Date of Birth		Age		Height		Weight		CHOICE 1
Eye Color		Hair Color		Hair Length		Facial Hair		NYSID No.				CHOICE 2
Eyeglasses		Sunglasses		Clothing Description.		Scars, Marks, M.O., Etc.		(Continue in "Details")				17
Wanted		Arrested		Last Name, First, M.I.		Address, Include City, State, Zip		Apt. No.		Res. Pct.		CHOICE 1
Sex		Race		Date of Birth		Age		Height		Weight		CHOICE 2
Eye Color		Hair Color		Hair Length		Facial Hair		NYSID No.				18
Eyeglasses		Sunglasses		Clothing Description.		Scars, Marks, M.O., Etc.		(Continue in "Details")				CHOICE 1
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."												CHOICE 2
Comp. Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)		19
Witness Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)		CHOICE 1
Canvass Conducted		If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results		Crime Scene Visited		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained						CHOICE 2
Complainant Viewed Photos		Results		Complainant Viewed Photos		Results						20
Witness Viewed Photos		Results		Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)		PERP 1
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:		C-1 Improper Referral		C-2 Inaccurate Facts		C-3 No Evidence / Can't ID		C-4 Uncooperative Complainant		C-5 "Leads" Exhausted		PERP 2
DETAILS:												21
INVESTIGATE: Homicide #02/01												PERP 1
SUBJECT: Interview 43 Officers responding to Dispute at 1700 Metro ave 5E												PERP 2
1. On 02/12/01 the U/S spoke to the Officers that responded to a dispute at 1700 Metropolitan ave 5E where as Parkchester Officers also responded.												22
2. P.O. Ortiz sh#15002 and P.O. Rodriguez were assigned to 43 Patrol and responded to a dispute with a knife at 1700 Metropolitan ave apt. 5E. When they responded Sgt. Rose of the 43 was there and they found that there was no knife involved. Things calmed down and they were taking the report. P.O. Ortiz stated that Parkchester Officer Manganiello responded and seemed of a normal demeanor. When they were completed they all left and the Parkchester cop left. They said they only saw the one Parkchester cop.												PERP 1
3. Case active...												PERP 2
Trial Exhibit No.: 6												23
ID Evid X												PERP 1
<div style="border: 1px solid black; padding: 5px; text-align: center;"> PLAINTIFF EXHIBIT 6 DATE 12/19/07 APTR NAA DALCO REPORTING </div>												24
CASE		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW								PERP 1
REPORTING OFFICER		RANK		SIGNATURE		NAME PRINTED		TAX REG. NO.		COMMAND		PERP 2
REVIEWING / CLOSING		CASE		ENTER DESIGNATION		SIGNATURE		TAX REG. NO.		COMMAND		PERP 1

EXHIBIT 3

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, CHARGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLETED, COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (J81) TO REPORT THE PRECEDING.



**COMPLAINT - FOLLOW UP
INFORMATIONAL**
PD 313-081A (Rev. 4-89)-31

PAGE _____ OF _____ PAGE

Crime	Pct	OCCB No	Complaint No	Date of This Report
HOMICIDE #2	043		2412	2/12/01
Date of Orig. Report	Date Assigned	Case No	Unit Reporting	Follow-Up No
2/12	2/12	624	43 PDS	
Complainant's Name - Last, First, M I			Victim's Name - If Different	
PSNY FOR ACOSTA, ALBERT				

Witness No 1	Last Name, First, M I	Address, Include City, State, Zip	Apt. No
Home Telephone	Business Telephone	Position / Relationship	Sex Race
		Date of Birth	Age

Total No of Perpetrators	Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)
			<input type="checkbox"/> Used <input type="checkbox"/> Possessed	

Wanted	Arrested	Last Name, First, M I	Address, Include City, State, Zip	Apt. No	Res. Pct
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description,
Nickname, First Name, Alias	Scars, Marks, M O, Etc.
(Continue in "Details")	

Wanted	Arrested	Last Name, First, M I	Address, Include City, State, Zip	Apt. No	Res. Pct
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description,
Nickname, First Name, Alias	Scars, Marks, M O, Etc.
(Continue in "Details")	

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Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Canvass Conducted	If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results	Crime Scene Visited	If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Complainant Viewed Photos	Results
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Witness Viewed Photos	Results
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Crime Scene Dusted	By (Enter Results in Details)	Crime Scene Photos	By (Enter Results in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:				
<input type="checkbox"/> C-1 Improper Referral	<input type="checkbox"/> C-2 Inaccurate Facts	<input type="checkbox"/> C-3 No Evidence / Can't ID	<input type="checkbox"/> C-4 Uncooperative Complainant	<input type="checkbox"/> C-5 "Leads" Exhausted

DETAILS:
Investigate: HOMICIDE

Subject: INTERVIEWED ANTHONY MANGANIELLO
--

1. On February 12, 2001, at approx. 1210 hrs., Det Abate and the u/s interviewed Anthony Manganiello at the 43 Pct and he stated the following:

* He stated he attended roll call and saw Albert Acosta. He then states the next time he saw Albert Acosta is when he was laying on the floor at 1700 Metropolitan Ave in the basement. The u/s asked him where was he when the call came in and he stated by the oval taking a personal. The u/s asked him if he had any problems with Albert Acosta or if anyone he knows has any problems with him and Anthony Manganiello would not answer. The u/s observed Anthony's right index finger with a bandaids and asked him how did he get his finger cut? He stated today lifting up his treadmill. The u/s asked him if he ran today and he stated no. The u/s asked him for his address and he did not know. The u/s asked him for his phone number and he replied it is unlisted.

2. The interview stopped when his lawyer Richard A. Ross notified the 43 Pct not to have his client questioned.

3. Case active.

Trial Exhibit No.: 33

ID ___ Evid X

CASE	DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		
REPORTING OFFICER:	RANK	SIGNATURE
	Det	<i>[Signature]</i>
REVIEWING / CLOSING	CASE	ENTER DESIGNATION
NAME PRINTED	TAX REG. NO.	COMMAND
Luis R. Agostini	889648	043
SIGNATURE		

EXHIBIT 4

USE THIS FORM TO REPORT: CRIME CLASSIFICATION, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, VERIFIED PROPERTY, ADDITIONAL STOLEN PROPERTY, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		PAGE _____ OF _____ PAGE	
		Crime: HOMICIDE #2 Pct.: 043 OCCB No: _____ Complaint No: 2412 Date of This Report: 3/1/01	14 PERP 1
Date of Orig. Report: 2/12 Date Assigned: 2/12 Case No: 624 Unit Reporting: 43 PDS	Follow-Up No.: NO (2) 15 PERP 2		
Complainant's Name - Last, First, M.I.: PSNY FOR ACOSTA, ALBERT		Victim's Name - If Different: WEEKS LATER	
Last Name, First, M.I.: _____		Address, include City, State, Zip: _____ Apt. No: _____	
Home Telephone: _____ Business Telephone: _____		Position / Relationship: _____ Sex: _____ Race: _____ Date of Birth: _____ Age: _____	
Total No. of Perpetrators: _____ Wanted: _____ Arrested: _____		Describe Weapon (If firearm, give color, make, calibre, type, model, etc.): _____	
Weapon: <input type="checkbox"/> Used <input type="checkbox"/> Possessed			
Wanted: <input type="checkbox"/> Arrested: <input type="checkbox"/> Last Name, First, M.I.: _____		Address, include City, State, Zip: _____ Apt. No: _____ Res. Pct.: _____	
Sex: _____ Race: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____		Eye Color: _____ Hair Color: _____ Hair Length: _____ Facial Hair: _____ NYSID No.: _____	
Eyeglasses: <input type="checkbox"/> Sunglasses: <input type="checkbox"/> Clothing Description: _____		16 CHOICE 1	
Nickname, First Name, Alias: _____ Scars, Marks, M.O., Etc.: _____		(Continue in "Details"): _____ 17 CHOICE 2	
Wanted: <input type="checkbox"/> Arrested: <input type="checkbox"/> Last Name, First, M.I.: _____		Address, include City, State, Zip: _____ Apt. No: _____ Res. Pct.: _____	
Sex: _____ Race: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____		Eye Color: _____ Hair Color: _____ Hair Length: _____ Facial Hair: _____ NYSID No.: _____	
Eyeglasses: <input type="checkbox"/> Sunglasses: <input type="checkbox"/> Clothing Description: _____		18 CHOICE 1	
Nickname, First Name, Alias: _____ Scars, Marks, M.O., Etc.: _____		(Continue in "Details"): _____ 19 CHOICE 2	
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."			
Comp. Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person: <input type="checkbox"/> By Phone: <input type="checkbox"/> Date: _____ Time: _____	
Results: Same as Comp. Report - Different (Explain in Details): _____		20 CHOICE 1	
Witness Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person: <input type="checkbox"/> By Phone: <input type="checkbox"/> Date: _____ Time: _____	
Results: Same as Comp. Report - Different (Explain in Details): _____		21 CHOICE 2	
Canvass Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results: _____	
Crime Scene Visited: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained: _____	
Complainant Viewed Photos: <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results: _____	
Witness Viewed Photos: <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results: _____	
Crime Scene Dusted: <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details): _____	
Crime Scene Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details): _____	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted			
DETAILS: Investigate: HOMICIDE Subject: INTERVIEWED PO ORTIZ & PO RODRIGUEZ			
1. On March 1, 2001, at approx. ⁰⁹³⁵ 0950 hrs., the u/s interviewed PO Ortiz & PO Rodriguez sec 43H who responded to the dispute on 2/12/01 at 1700 Metropolitan Ave at approx. 0835 hrs.. PO Ortiz stated SPO Manganiello was present in apt#5E when he got there. SPO Manganiello then asked if they needed him and he stated no we could handle this. SPO Manganiello left. PO Rodriguez then gave back the job at approx. 0904 hrs. and did not see SPO Manganiello when he left the building.			
2. Case active.			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> PLAINTIFF'S EXHIBIT For ID 29 12-20-04 </div>			
Trial Exhibit No.: 29 ID _____ Evid <u>X</u>			
SE: <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED: _____	
PORTING: _____ RANK: _____		SIGNATURE:	
FICER: _____ Det: _____		NAME PRINTED: Luis R. Agostini	
REVIEWING / CLOSING: _____ CASE: _____		TAX REG NO: 889648 COMMAND: 043	
ENTER DESIGNATION: _____		SIGNATURE: _____	

EXHIBIT 5

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY

ANGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP.

COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY (81) TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP
INFORMATIONAL
PD 313-081A (Rev. 4-89)-31

PAGE _____ OF _____ PAGE

Crime	Pct	OCCB No	Complaint No	Date of This Report
HOMICIDE #2	043		2412	2/15/01

Date of Orig. Report	Date Assigned	Case No	Unit Reporting	Follow-Up No
2/12	2/12	624	43 PDS	

Complainant's Name - Last, First, M I	Victim's Name - If Different
PSNY FOR ACOSTA, ALBERT	

Last Name, First, M I	Address, Include City, State, Zip	Apt. No

Home Telephone	Business Telephone	Position / Relationship	Sex	Race	Date of Birth	Age

Total No of Perpetrators	Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)
			<input type="checkbox"/> Used <input type="checkbox"/> Possessed	

Wanted	Arrested	Last Name, First, M I	Address, Include City, State, Zip	Apt. No	Res. Pct
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description.
Nickname, First Name, Alias	Scars, Marks, M O., Etc
	(Continue in "Details")

Wanted	Arrested	Last Name, First, M I	Address, Include City, State, Zip	Apt. No	Res. Pct.
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description.
Nickname, First Name, Alias	Scars, Marks, M O., Etc
	(Continue in "Details")

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Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Canvass Conducted	If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results	Crime Scene Visited	If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Complainant Viewed Photos	Results:
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Witness Viewed Photos	Results:
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Crime Scene Dusted	By (Enter Results in Details)	Crime Scene Photos	By (Enter Results in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

☐ C-1 Improper Referral ☐ C-2 Inaccurate Facts ☐ C-3 No Evidence / Can't ID ☐ C-4 Uncooperative Complainant ☐ C-5 "Leads" Exhausted

DETAILS:

Investigate: HOMICIDE #2

Subject: INTERVIEWED TERRANCE ALSTON

1. On February 15, 2001, at approx. 1725 hrs., Det Palacio, Sgt Martinez and the u/s visited Rikers Island Gang Intelligence Section and interviewed prisoner Terrence Alston NYSID#5320492H. He stated the following:

* He was approached last year (September 2000) by a male white heavy set who works as a Parkchester security officer to do him a favor. The favor was to kill another security officer for him. When Terrance also known as Murdoch asked why, he stated over a girl. Terrance asked how much and he did not give a price. Terrance stated the Parkchester officer asked him do you need a gun and Terrance stated no I have one. Terrance stated when the hit was going to go down the security officer will point out the other Parkchester security officer he want killed. Terrance stated he met twice with the security officer and spoke about the hit on the other Parkchester security officer.

* Terrance Alston aka Murdoch then stated his boy Johnny who he had been talking to sold a .22 cal to a male white security officer for \$75.00. Terrance is trying to convince Johnny who is dating his daughter to give this information to the police. Terrance states Johnny is scared he will be arrested.

2. The u/s showed Terrance Alston a photo book consisting of male white and he ID Anthony Manganiello as the security officer who asked him to kill another security officer.

DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW				
REPORTING OFFICER	RANK	SIGNATURE	NAME PRINTED	TAX REG NO	COMMAND
	Det		Luis R. Agostini	889648	043
VIEWING / CLOSING	CASE	ENTER DESIGNATION	SIGNATURE	C.O.'s INITIALS	



COMPLAINT FOLLOW-UP INFORMATIONAL

PD 313-081A SECOND SHEET (Rev. 8-90)-H 1

Page 2 of 2 Pages

Pct 043	Complaint No 2412	Date of This Report 2/15/01
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DETAILS.

Terrance states he had seen the person he picked out various times around the neighborhood.

3. Case active.



Trial Exhibit No.: 22

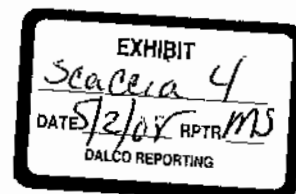
ID ___ Evid X

SE ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED/CLOSED	IF ACTIVE, DATE OF NEXT REVIEW
PORTING	RANK	SIGNATURE <u>[Signature]</u>

EXHIBIT 6

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL										PAGE _____ OF _____ PAGE	
PD 313-081A (Rev. 4-89)-31		Crime HOMICIDE #2		Pct. 043		OCCB No.		Complaint No. 2412		Date of This Report 3/1/01	
Date Assigned 2/12		Case No. 624		Unit Reporting 43 PDS		Follow-Up No.				14 PERP 1	
Plaintiff's Name - Last, First, M.I. PSNY FOR ACOSTA, ALBERT				Victim's Name - If Different						15 PERP 2	
Last Name, First, M.I.				Address, Include City, State, Zip				Apt. No.		15 PERP 1	
Home Telephone		Business Telephone		Position / Relationship		Sex		Race		Date of Birth	
										Age	
Total No. of Perpetrators		Wanted		Arrested		Weapon		Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)		16 CHOICE	
						<input type="checkbox"/> Used <input type="checkbox"/> Possessed					
Wanted		Arrested		Last Name, First, M.I.		Address, Include City, State, Zip		Apt. No.		Res. Pct.	
<input type="checkbox"/>		<input type="checkbox"/>									
Sex		Race		Date of Birth		Age		Height		Weight	
								Eye Color		Hair Color	
								Hair Length		Facial Hair	
										NYSID No.	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,		Scars, Marks, M.O., Etc.		(Continue in "Details"):				17 CHOICE	
Nickname, First Name, Alias											
Wanted		Arrested		Last Name, First, M.I.		Address, Include City, State, Zip		Apt. No.		Res. Pct.	
<input type="checkbox"/>		<input type="checkbox"/>									
Sex		Race		Date of Birth		Age		Height		Weight	
								Eye Color		Hair Color	
								Hair Length		Facial Hair	
										NYSID No.	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,		Scars, Marks, M.O., Etc.		(Continue in "Details"):				18 CHOICE	
Nickname, First Name, Alias											
<p>AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</p>											
Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	
Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	
Interview Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results		Crime Scene Visited		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained				19 CHOICE	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Complainant Viewed Photos		Results:		Complainant Viewed Photos		Results:				20 PERP 1	
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future				<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future							
Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)				21 PERP 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
<p>If Closing Case "No Results," Check Appropriate Box and State Justification in Details:</p> <p><input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted</p>											
<p>DETAILS:</p> <p>Investigate: HOMICIDE</p> <p>Subject: INTERVIEWED MICHAEL BOOTH</p> <p>1. On March 1, 2001, at approx. 1110 hrs., Det Martinez and the u/s P/U Michael Booth in front of Pizza Place 1665 Metropolitan Ave and drove him to the 43 Pct..</p> <p>2. Michael Booth DOB: [REDACTED], residing at [REDACTED] PH Tel [REDACTED] made the following statements. He stated officer Manganiello approached him one time when he was sitting in his truck by the bank next to Macy's and asked him if he had a rod. Michael told him it's a big rap for a small price if he sold him one. Michael has seen Manganiello numerous times around the neighborhood and pizzeria.</p> <p>3. Michael Booth cell# [REDACTED]</p> <p>4. See attach statements from Michael Booth.</p> <p>5. Case active.</p>											
<p>Trial Exhibit No.: 41</p> <p>ID <u> </u> Evid <u> </u> 0849</p>											
ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW						22 PERP 1	
RANK		SIGNATURE		NAME PRINTED		TAX REG. NO.		COMMAND		23 PERP 1	
Det		[Signature]		Luis R. Acostini		[REDACTED]		043		24 PERP 1	



"STATEMENT"

POLICE DEPARTMENT
CITY OF NEW YORK

61# / CASE# 2412 / 1624

DATE: 3 / 1 / 10 / TIME: 1140 hrs

IS TO CERTIFY THAT I: Michael Booth

DATE OF BIRTH: [REDACTED]

AL SECURITY # [REDACTED] DRIVERS LIC# [REDACTED]

DING AT: [REDACTED] APT # [REDACTED] TELEPHONE # [REDACTED]

BEEN ADVISED OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THEM FULLY.
DETECTIVES HAVE TREATED ME FAIRLY AND I AM MAKING THE FOLLOWING
EMENT:

Manganiello came to me about a month ago and asked me
I had a roll. I said no it a big ~~roll~~ rap for a
all, nice. My understanding if I had a roll was he was
oking to buy a gun.

X Michael Booth

3/1/2001 12:00 pm

Det [Signature]

DET [Signature] MARTINEZ
SH. 1971
43 D.S.

ENDANT/SUBJECT/WITNESS

"STATEMENT"

POLICE DEPARTMENT
CITY OF NEW YORK

62# / CASE# 2412 / 624

1 CF 1

DATE: 3 / 1 / 10 / TIME: 1140 hr

IS TO CERTIFY THAT I: Michael Booth

DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY #: [REDACTED] DRIVERS LIC#

RESIDING AT: [REDACTED] APT #: [REDACTED] TELEPHONE #: [REDACTED]

I HAVE BEEN ADVISED OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THEM FULLY.
THE DETECTIVES HAVE TREATED ME FAIRLY AND I AM MAKING THE FOLLOWING
STATEMENT:

Maguire came to me about 1 month ago for a rap.
said that I didn't fall with that stuff it's a big rap for a
little price - I could only understand that he was getting for
gun.

X Michael Booth 3/1/2001
12/10 PM

Det [Signature]

MARTINEZ
43 D.S. SW 1971

EXHIBIT 7

CRIME CLASSIFICATION
OBTAINED FOR PROPERTY PREVIOUSLY

CHANGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (1) TO REPORT THE PRECEDING.

COVERED PROPERTY, ADDITIONAL STOLEN PROPERTY
1) TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		Crime HOMICIDE #2		Pct. 043	OCCB No.	Complaint No. 2412	Date of This Report 4/7/01	14 PERP 1
# Orig. Report 12	Date Assigned 2/12	Case No. 624	Unit Reporting 43 PDS	Follow-Up No. 07			15 PERP 2	
Complainant's Name - Last, First, M.I. SNY FOR ACOSTA, ALBERT				Victim's Name - If Different				15 PERP 1
Last Name, First, M.I.				Address, Include City, State, Zip				Apt. No. 15 PERP 1
Home Telephone		Business Telephone		Position / Relationship		Sex	Race	Date of Birth
Age		16 CHOICE 1		16 CHOICE 2		16 CHOICE 1		16 CHOICE 2
Total No. of Perpetrators	Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)				
<input type="checkbox"/> Used <input type="checkbox"/> Possessed								
Wanted	Arrested	Last Name, First, M.I.				Address, Include City, State, Zip		Apt. No. 16 CHOICE 1
<input type="checkbox"/>	<input type="checkbox"/>							16 CHOICE 2
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description.							NYSID No.
Nickname, First Name, Alias		Scars, Marks, M.O., Etc. (Continue in "Details")						
Wanted	Arrested	Last Name, First, M.I.				Address, Include City, State, Zip		Apt. No. 17 CHOICE 1
<input type="checkbox"/>	<input type="checkbox"/>							17 CHOICE 2
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description.							NYSID No.
Nickname, First Name, Alias		Scars, Marks, M.O., Etc. (Continue in "Details")						
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."								
Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
Interview Conducted	If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results			Crime Scene Visited		If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Complainant Viewed Photos	Results							
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future								
Witness Viewed Photos	Results							
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future								
Crime Scene Dusted	By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:								
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted								

DETAILS:

Investigate: HOMICIDE #2

Subject: INTERVIEW MARK A DAMON

1. On April 5, 2001, at approx. 1645 hrs., the u/s was present at ADA Christine Scaccia's office (Bronx Criminal Court) and Mark A Damon DOB:01/10/84 17 yrs old residing at 1491 Metropolitan Ave Tel#718-597-3519 was interviewed. Mark stated with permission from aka Murdoch he sold a .22 cal auto hand-gun to a security guard back on January 2001. He sold it for \$75.00 USC. He stated the guard was a male white/Italian, heavy set with a thick mustache.

2. During the above interview the following person were present:

- * Det Derrick Parker GIU
- * ADA Scaccia
- * Terrance Alston AKA Murdoch

. Case active.

Trial Exhibit No.: 23

ID ___ Evid 8

JERRY SMITH RESIDES
AT SAME ADDRESS



VE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW	
IG	RANK Det	SIGNATURE	NAME PRINTED Luis R Agostini	TAX REG NO. 889648
IG / CLOSING	CASE	ENTER DESIGNATION	SIGNATURE	COMMAND 043

EXHIBIT 8

8

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, ES. CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, RECOVERED PROPERTY, ADDITIONAL STOLEN PROPERTY, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (PD 313-081A) TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP
INFORMATIONAL
PD 313-081A (Rev. 4-89)-31

PAGE _____ OF _____ PAGE

Crime	Pct	OCCB No	Complaint No	Date of This Report
Homicide #02/01	043		2412	02/12/01
Date of Orig. Report	Date Assigned	Case No	Unit Reporting	Follow-Up No
02/12/01	02/12/01	624	43 D.S.	

Complainant's Name - Last, First, M.I.	Victim's Name - If Different
P.S.N.Y. for Albert Acosta	

Last Name, First, M.I.	Address, include City, State, Zip	Apt. No
Huello, Richard	900 Baychester ave, Bx, NY	24B
Home Telephone	Business Telephone	Position / Relationship
718-320-0124	863-9797	Verizon Employee
Sex	Race	Date of Birth
M	Blk	02/23/50
Age		
49		

Total No. of Perpetrators	Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)
			<input type="checkbox"/> Used <input type="checkbox"/> Possessed	

Wanted	Arrested	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No	Res. Pct
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description,
Nickname, First Name, Alias	Scars, Marks, M.O., Etc
	(Continue in "Details")

Wanted	Arrested	Last Name, First, M.I.	Address, include City, State, Zip	Apt. No	Res. Pct
<input type="checkbox"/>	<input type="checkbox"/>				

Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No

<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses	Clothing Description,
Nickname, First Name, Alias	Scars, Marks, M.O., Etc
	(Continue in "Details")

AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."

Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Canvass Conducted	If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results	Crime Scene Visited	If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Complainant Viewed Photos	Results
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Witness Viewed Photos	Results
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Crime Scene Dusted	By (Enter Results in Details)	Crime Scene Photos	By (Enter Results in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted

DETAILS.	INVESTIGATE: Homicide #02/01
	SUBJECT: Interview Richard Huello
	CONTENT: As Follows

1. On 02/12/01 at approximately 1202 hrs the U/S interviewed Richard Huello at 1700 Metropolitan ave regarding the above shooting incident. Richard Huello is an employee of Verizon and was working in the basement of 1700 Metropolitan ave during the incident. He stated the following in sum and substance.

2. I had a job in the basement in the telephone room. I came inside and all the doors were locked. I heard a walkie Talkie radio so I banged on the doors attempting to locate an employee of Parkchester so they can let me in the telephone room. No one answered any door. I walked outside and so a maintenance worker who told me to check with the security office. I left and went to the main office. I returned with an officer who had keys. He let me into the telephone room and he left. I went back working and was using the telephone ear piece, I didn't hear any shots. I then saw the maintenance guy walking by (Walter Cobb) he said hello and we both continued working. Soon after I approached him because a room I needed to get into was locked. He opened the door for me and we went inside. I saw there was no phone boxes so we exited the room. I continued my work when the maintenance guy came in and told me that there was someone shot in the other room. We both went in and saw a guy that had a bullet hole in the back of his head. We then left the room and went outside I called the security office and called 911.

3. Case active....

Trial Exhibit No.: 4

ID ___ Evid 8

PLAINTIFF
EXHIBIT <u>4</u>
DATE <u>12/19/07</u> RPTR <u>RAA</u>
DALCO REPORTING

CASE	DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		
REPORTING OFFICER:	RANK	SIGNATURE
	Det	
REVIEWING / CLOSING	CASE	NAME PRINTED
	ENTER DESIGNATION	Martinez R.E.
	SIGNATURE	TAX REC. NO. 876665
		COMMAND 043

EXHIBIT 9

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY

CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (PD)

VERIFIED PROPERTY, ADDITIONAL STOLEN PROPERTY TO REPORT THE PRECEDING.

		COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31		PAGE <u>1</u> OF <u>1</u> PAGE			
		Crime <u>INVESTIGATE ASSAULT 1</u>		Pct <u>043</u>	OCCB No <u>2412</u>	Complaint No <u>0212</u>	Date of This Report <u>02/12/01</u>
Date of Orig. Report <u>02/12/01</u>		Date Assigned <u>02/12/01</u>		Case No <u>043</u>		Unit Reporting <u>043</u>	Follow-Up No
Complainant's Name - Last, First, M I <u>ACOSTA ALBERT</u>				Victim's Name - If Different			
Last Name, First, M I				Address, Include City, State, Zip			
Home Telephone		Business Telephone		Pos. / Relationship		Sex	Race
Date of Birth		Age		Date of Birth		Age	
Total No. of Perpetrators		Wanted		Arrested		Weapon	
		<input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (If firearm give color, make, calibre, type, model, etc.)			
Wanted		Arrested		Last Name, First, M I		Address, Include City, State, Zip	
<input type="checkbox"/>		<input type="checkbox"/>				Apt No Res Pct	
Sex		Race		Date of Birth		Age	
Height		Weight		Eye Color		Hair Color	
Hair Length		Facial Hair		NYSID No.			
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,					
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.					
		(Continue in "Details")					
Wanted		Arrested		Last Name, First, M I		Address, Include City, State, Zip	
<input type="checkbox"/>		<input type="checkbox"/>				Apt No Res Pct	
Sex		Race		Date of Birth		Age	
Height		Weight		Eye Color		Hair Color	
Hair Length		Facial Hair		NYSID No.			
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,					
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.					
		(Continue in "Details")					
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."							
Comp. Interviewed		In Person		By Phone		Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>			
Results		Same as Comp. Report - Different (Explain in Details)					
<input type="checkbox"/>		<input type="checkbox"/>					
Witness Interviewed		In Person		By Phone		Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>			
Results		Same as Comp. Report - Different (Explain in Details)					
<input type="checkbox"/>		<input type="checkbox"/>					
Canvass Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results		Crime Scene Visited		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Complainant Viewed Photos		Results					
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future							
Witness Viewed Photos		Results					
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future							
Crime Scene Dusted		By (Enter Results in Details)		Crime Scene Photos		By (Enter Results in Details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							
DETAILS: INVESTIGATE: <u>ASSAULT 1</u> SUBJECT: <u>INTERVIEW SGT OHLE PARKCHESTER SECURITY</u>							
1. ON 02/12/01 THE UNDERSIGNED INTERVIEWED SGT OHLE OF PARKCHESTER SECURITY; SGT OHLE WAS PERFORMING A 8X4 TOUR AND WAS ASSIGNED AS THE TOUR SGT FOR PARKCHESTER SECURITY;							
2. ON 02/12/01 SGT OHLE WAS AT 63 MET OVAL WHEN HE HEARD A RADIO RUN FOR A MAN DOWN IN THE BASEMENT OF 1700 MET OVAL AND RESPONDED TO THE LOCATION; ONCE AT THE LOCATION HE WAS FLAGGED DOWN BY WALTER WHO INDICATED TO HIM THAT THE GUY IS IN HERE AND SGT OHLE FOLLOWED MR WALTER COBB INTO THE BASEMENT OF 1700 METROPOLITAN OVAL AND OBSERVED A MAN LYING DOWN ON THE GROUND AND A DUTY HAT ON A STOVE; UPON A CLOSE LOOK SGT OHLE RECOGNIZED THE MAN ON THE GROUND TO BE ALBERT ACOSTA AND THAT HE WAS NOT WEARING HIS JACKET; SGT OHLE STATED THAT HE THEN EXITED THE BASEMENT TO CALL FOR AN AMBULANCE BUT NUMEROUS POLICE CARS ALREADY ARRIVED; SGT OHLE THEN OBSERVED SP NIEVES RESPONDING AND DIRECTED HIM VIA RADIO TO GO PICK UP PARK 1 (CHIEF BELLAMY) AND INFORMED OFFICERS RESPONDING ONE OF HIS GUYS WAS SHOT AND WE NEED BUS; SGT OHLE STATED THAT SP MANGANIELLO RESPONDED ABOUT 5 MINUTES LATER AND COLLAPSED WHEN INFORMED WHAT HAPPEND;							
2. ON 02/12/01 AT APP 10:20 SGT OHLE SPOKE TO <u>Walter Cobb</u> WHO FLAGGED HIM DOWN AND WAS INFORMED BY MR COBB THAT HE HEARD FOUR SHOTS AND HE THOUGHT THEY CAME FROM OUTSIDE THE BUILDING AND SAW SP MANGANIELLO EXITING THE BASEMENT OF 1700-METROPOLITAN AVE; AND ASKED HIM IF HE HEARD ANY SHOTS IN WHICH HE REPLIED NO AND WALKED OFF;							
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> PLAINTIFF'S EXHIBIT 25 Per ID 12-00-07 </div>				Trial Exhibit No.: 25 ID <u> </u> Evid <u>X</u>			
CASE		DATE REVIEWED / CLOSED		IF ACTIVE, DATE OF NEXT REVIEW			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		<u>2/12/01</u>		<u>2/20</u>			
REPORTING OFFICER:		RANK DET		SIGNATURE		NAME PRINTED	
						COLLEN	
REVIEWING / CLOSING		CASE		ENTER DESIGNATION		SIGNATURE	
TAX REG. NO.		COMMAND					
915534							